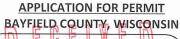
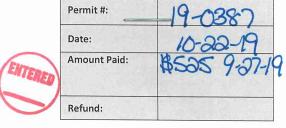
SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

Washburn, WI 54891 (715) 373-6138



SEP 262019

Bayfield Co. Zoning Dept.



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO	NOT	START	CONSTRUCTION	UNTIL ALL	PERMITS HAVE	BEEN ISSUED	TO APPLICANT
						PERIODOED	10 Fill I Elevitat

FILL OUT IN INK (NO PENCIL)

TYPE OF PERIVITI R			LANI			CONDITIONA	AL USE   SPECIAL	USE B.		OTHER	
Owner's Name:	elko	abe	-10	1	ing Address:		State/Zip:	CYOUR	Telepho	ne:	
Address of Property:				Citv/	State/Zip:	T (IJF. JC	0 1880	Cell Pho	ne:		
43160 1		avil	< Rd	C	able hi	I 54.	218 310 6577				
Contractor:	osk	-		977.2.75	ractor Phone: P	lumber:	ater Plantin	Plumber Phone:			
Authorized Agent:	Person Sign	ing Applic	cation on behalf	f of Owner(s)) Agen	nt Phone:	gent Mailing Ad	ater Plumbing Idress (include City/State	e/Zip): 💃		Authorization	
Range	3 ior	k		7/5	1		S. Hwy 63 C	1.	Attache Yes		
PROJECT	A	Recorded Do	cument: (Sh	owing Ownership)							
LOCATION	W 1(30										
1/4,1/4 Gov't Lot 4 37 CSM Vol & Page 2 17+18 CSM Doc # Lot(s) No. Block(s) No.											
Section 13	, Towr	nship	43 N, R	ange <u>6</u> W	Town of:	Kagon	•	Lot Size	Acrea	nge .56 ±	
	100			n 300 feet of River, Stre	eam (incl. Intermittent)	0	octure is from Shorelin	IS P	Is Property in Are		
★Shoreland →					yescontinue —				Iplain Zone?	Present?	
	y S Pi	roperty	/Land withir	n 1000 feet of Lake, Po	nd or Flowage /escontinue —>	Distance Stru	icture is from Shorelir		□ Yes No	XYes No	
☐ Non-Shoreland								C			
W.L.		-									
Value at Time of Completion						# of	W	hat Type of		Type of	
* include		Proje	ct	# of Stories	Foundation	bedrooms		Sanitary Syst	tem	Water	
donated time & material						structure	Is on	the property	17	property	
	≯ New	/ Const	ruction	☐ 1-Story	☐ Basement	1 1	☐ Municipal/City			☐ City	
¢	☐ Addition/Alteration ☐ Conversion ☐ Relocate (existing bldg) ☐ Run a Business on			☐ 1-Story + Loft	<b>⊀</b> Foundation	□ 2	☐ (New) Sanitary	Specify Type	Well		
175000				2-Story		□ 3	☐ Sanitary (Exist:	_ %			
•					Hen		☐ Privy (Pit) or		min 200 gall	on) None	
			iess on		Use	☐ None	☐ Portable (w/ser				
	ertv			☐ Vear Round		Compost Toile	t-				
	П	erty			☐ Year Round		Compost Toile  None	t			
Evicting Structure				1 (and a second to 14)		Û	None			7	
Existing Structure Proposed Constru	e: (if per		ng applied fo	r is relevant to it)	Length: 36-4	l l	None Width: 26-3	···	Height: /	7	
	e: (if per		ng applied fo	r is relevant to it)		f	None	···	Height: /	150	
	e: (if per	mit beir			Length: 36 Control Length: 36 Co		None Width: 26-3	···	Height: 🥥	Square Footage	
Proposed Constru	e: (if per	mit beir	Principal	<b>Structure</b> (first struc	Length: 36 Control Length: 36 Co		None Width: 26-3	Dimens ( X	Height: J	Square Footage	
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Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

<u>Attach</u>

Address to send permit 42630 4.S. Hwy

**Copy of Tax Statement** 

Date 9-25-2019

Property (regardless of what you are applying for)

Fill Out in Ink -, NO PENCIL

Show / Indicate:

**Proposed Construction** 

North (N) on Plot Plan
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(4) Show:

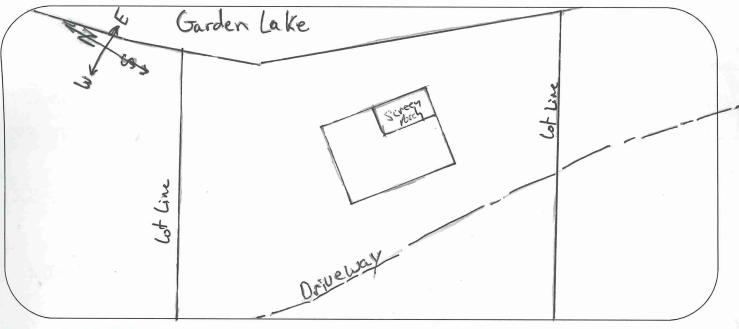
Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** 

(5) Show:(6) Show any (\*):

All Existing Structures on your Property
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	nt		Description	Measurement
Setback from the Centerline of Platted Road	30	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	15.5 Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek	NA Feet
				Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	56	Feet			
Setback from the <b>South</b> Lot Line	35	Feet		Setback from <b>Wetland</b>	Feet
Setback from the <b>West</b> Lot Line	/08*	Feet	1111	20% Slope Area on the property	☐ Yes ∠ No
Setback from the <b>East</b> Lot Line	Lake	Feet		Elevation of Floodplain	1397.6 Feet
Setback to Septic Tank or Holding Tank	Abandonea	Feet		Setback to <b>Well</b>	NA Fee
Setback to <b>Drain Field</b>	NA	Feet			1411
Setback to <b>Privy</b> (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

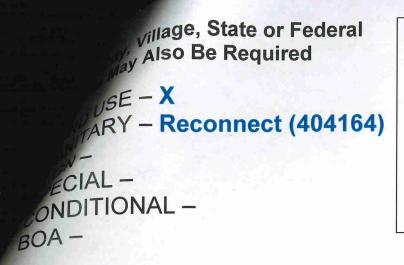
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	404164	# of bedrooms: 2	Sanitary Date:	0/8/02				
Permit Denied (Date):	Reason for Denial:								
Permit#: 19-0387	Permit Date: 10-22-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes  (Deed of Record	ous Lot(s))	Mitigation Required Mitigation Attached	□ Yes □ No □ Yes □ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No				
Granted by Variance (B.O.A.)  ☐ Yes ✓ No Case #:		Previously Granted by  Ves No	y Variance (B.O.A.)  Case	e #:					
		Were Property Line	es Represented by Owner Was Property Surveyed	□ Yes □ N □ Yes □ N					
Inspection Record:		2		Zoning District Lakes Classificatio	(R-( )				
Date of Inspection: 0/9/19	Inspected by:			Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached?									
Signature of Inspector.	contracted UDC i obtained prior to	OC permit from the inspection agency method the start of construction and maintain setback	ust be ction if	Date of Appro	oval: 10/21/19				
Hold For Sanitary: Hold For TBA:	Hold For Affidavit: U Hold For Fees: U U								



## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 19-0387 Issued To: Larry Pulkrabek / Randy Bjork, Agent															
Location:		1/4	of	-	1/4	Section	13	Township	43	N.	Range	6	W.	Town of	Namakagon
Gov't Lot			l	_ot	4	Blo	ck	Sul	bdivisio	on				CSM# 3	37

For: Residential Use: [ 1.5- Story; Residence (26' x 36') = 651 sq. ft. ] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

## **Tracy Pooler**

Authorized Issuing Official

October 22, 2019

Date